

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042344

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3194

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Manchester

Length of stay in 1b  
2 mo.

c. CITY  
OR  
TOWN Salem

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Manchester Nursing Home

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Elmer

Lindsey

4. DATE  
OF  
DEATH

Month

Day

Year

October 17, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/19/1889

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Robert Lindsey

13b. MOTHER'S MAIDEN NAME

Margaret Breen

14. NAME OF HUSBAND OR WIFE

Elizabeth Hill Lindsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Elizabeth Lindsey, Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIO-VASCULAR DISEASE

INTERVAL BETWEEN  
ONSET AND DEATH  
?

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

None

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 15, 1963 to OCT. 17, 1963 and last saw him alive on OCT. 16, 1963  
Death occurred at 7:50 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(degree or title)

B. R. Loving, M.D.

22b. ADDRESS

BALLWIN, Mo.

22c. DATE SIGNED

10-18-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

10-19-63

23c. NAME OF CEMETERY OR CREMATORY

Hardy Cemetery

23d. LOCATION (City, town, or county)

Dent Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home, Salem, Mo.

25. DATE RECD. BY LOCAL REG.

10-18-63

26. REGISTRAR'S SIGNATURE

James E. Humphrey, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 4000  
2 0331  
3  
4 0  
5 1  
6  
7 1  
8 2  
9 422.1  
10  
11  
12 86-D  
13

OCT 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley H. Dixon  
Licensed Embalmer No. 4193  
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.